

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 077180 RECEIPT DATE: 05 / 20 / 98  
IA NUMBER: PCT/ DE96 / 02213 IA FILING DATE: 11 / 20 / 96  
FAMILY NAME: ~~STORZ~~ *NOVAK* DELAY WAIVED (Y/N): Y  
GIVEN NAME: ~~KARL~~ *PAVEL* DEMAND RECEIVED (Y/N): Y  
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 11 / 20 / 95  
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N  
ATTORNEY DOCKET NUMBER: COUNTRY: DEX  
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: TELEPHONE 2033246155  
NAME: ST ONGE STEWARD JOHNSTON & REENS  
  
STREET: 986 BEDFORD STREET  
  
CITY: STAMFORD  
STATE/COUNTRY: CT ZIP: 069055619  
APPLICATION TITLES:  
SHAVING OR CUTTING INSTRUMENT

TAB TO LAST POSITION, PUSH SEND